



DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT



PROJECT FINANCING PLAN & BUDGET  
SMALL BUSINESS EXPRESS PROGRAM

Initial Submission:   X    
Revision #:           

Applicant: _____		For Internal Use Only	
Project Name: _____		Program Title: _____	
Federal ID #: 06-0646829		Project #: _____	
Social Sec. #: _____		Budget Period Approved by DECD	
<u>Budget Period</u>		Start _____	
Start	_____ 20 _____	End _____	
End	_____ 20 _____		
THE FOLLOWING APPLIES TO HOUSING PROJECTS ONLY:			
Units Counted By: ( ) Beds ( ) Bedrooms			
Total Units: _____		Assisted Units: _____	
Unit Mix: 0BR _____ 1BR _____ 2BR _____ 3BR _____ 4BR _____			

SOURCES OF FUNDING	NON-DECD FUNDS		DECD FUNDS		TOTAL
	CASH	IN-KIND	GRANT	LOAN	
Private Investment					\$ -
Bank Financing					\$ -
CT. Development Authority					\$ -
CT. Innovations, Inc.					\$ -
CHFA					\$ -
DECD Program #1 _____					\$ -
DECD Program #2 _____					\$ -
Other _____					\$ -
_____					\$ -
_____					\$ -
_____					\$ -
TOTAL SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -

*Approval of the Project Financing Plan and Budget for State Assistance in the amount shown in the above summary and for the time period indicated is hereby requested. It is understood that the project will be operated in accordance with the Project Financing Plan and Budget approved by the Connecticut Department of Economic and Community Development.*

Date Submitted: \_\_\_\_\_ Applicant: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

The Project Financing Plan and Budget is hereby approved in the amounts and for the time period indicated.

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
**Executive Director**

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
**Catherine Smith, Commissioner**